

**Solano County Housing Authority****APPLICATION UPDATE FORM****Be Sure to Complete This Entire Form****PLEASE PRINT AND USE ONLY BLACK OR BLUE INK****● APPLICANT HOUSEHOLD — REQUIRED**Name of **Head of Household**: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_Sex:  Female  Male Disabled?  Yes  No Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_Has the Head of Household Changed?  Yes  No If yes, Previous Head of Household Name: \_\_\_\_\_Check **One** Box: Ethnicity:  Hispanic or Latino  Not Hispanic or Not LatinoCheck **One** Box: Race:  White  Black / African American  American Indian / Alaska Native Asian  Native Hawaiian / Pacific Islander**● ADDRESS INFORMATION — REQUIRED**

Current Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Message Phone \_\_\_\_\_

**● HOUSEHOLD MEMBER(S) (List only those who will be assisted under Section 8)**Name: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_Name: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_Name: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_Name: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_**● INCOME SOURCE (Enter MONTHLY Amount)** Employment \$ \_\_\_\_\_  Unemployment \$ \_\_\_\_\_  Welfare \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_  Child Support \$ \_\_\_\_\_  VA Benefits \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_  Other (Specify) \$ \_\_\_\_\_**● PREFERENCES (Answer each question below)**

Applications are placed on the Section 8 Waiting List based on the circumstances of each family. Below are the preferences that determine the position of your application. **Read each preference carefully and mark YES if it applies to you, your spouse, or co-head of household.** If any of the questions below are not answered, we will assume the answer is no. See back of this page for further explanation of preferences.

YES  NO **LOCAL RESIDENT** – Do you, your spouse, or co-head of household live or work in Dixon, Rio Vista, or the unincorporated areas of Solano County?

YES  NO **WORKING** – Do you, your spouse, or co-head of household work? **or** Are either of you currently receiving unemployment? **or** Are either of you a current participant or a recent graduate (within 6 months) of an educational or training program?

YES  NO **SENIOR** – Are you, your spouse, or co-head of household 62 or older?

YES  NO **VETERAN or ACTIVE MILITARY** – Are you, your spouse, or co-head of household an active member in the U.S. military? Were you, your spouse, or co-head of household honorably, generally or medically discharged from the U.S. military?

YES  NO **DISABLED** – Does anyone in your household have a disability as defined by the Social Security Act?

YES  NO **DISPLACED BY LOCAL GOVERNMENT ACTION** – Have you been notified that you are required by an agency of the City of Dixon, City of Rio Vista or Solano County to vacate your current unit?

I do hereby certify, under penalty of perjury, that all information I have provided is complete and accurate. I understand that this information will be verified by the Solano County Housing Authority (SCHA) when my name reaches the top of the list.

I understand that I am required to notify the SCHA of any changes by completing an Application Update Form. I understand if the SCHA cannot contact me at the above address my name will be removed from the waiting list.

I/we hereby authorize the release of any and all information, including that of a confidential or privileged nature, to the Solano County Housing Authority which may relate to my eligibility to participate in the Section 8 Housing Assistance Program. This authorization encompasses the release of any and all law enforcement agency information, whether in the custody of local, State or Federal law enforcement authorities.

Return to:

Solano County Housing Authority

40 Eldridge Avenue, Suite 2

Vacaville, CA 95688

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Authority Representative: \_\_\_\_\_

# SOLANO COUNTY HOUSING AUTHORITY

## PREFERENCE DEFINITIONS

Applications are placed on the Section 8 Waiting List based on the circumstances of each family. Below are the preferences that will determine the position of your application on the waiting list. Please read the definitions carefully and **mark the Application Form** only with those preferences that apply to your household. You may claim more than one preference. The preferences you claim will be verified when your name reaches the top of the waiting list and you must qualify for the preference(s) indicated on that date.

### 1. **Local Resident:**

A local resident is defined as:

- 1) An applicant who resides in Dixon, Rio Vista or the unincorporated areas of Solano County; or
- 2) An applicant who is working (paid employment) or who has been notified that he/she has been hired to work in Dixon, Rio Vista or the unincorporated areas of Solano County.

### 2. **Working:**

A working family is defined as a family of one or more persons in which the head of household, spouse, or co-head of household is:

- 1) Employed (must be paid employment; volunteer work does not qualify for this preference);
- 2) Currently receiving unemployment benefits;
- 3) A recent graduate (within last 6 months); an active participant in an educational and/or training program; or
- 4) On temporary leave of absence due to illness, injury, etc.

### 3. **Senior:**

A senior household is defined as a household whose head of household, spouse, or co-head of household is 62 years of age or older.

### 4. **Disabled:**

A disabled household is defined as a household that includes a person or persons with a disability as defined by the Social Security Act. Information related to disability status is provided on a voluntary basis. However, if you claim this preference, you will be required to verify that you meet the Social Security Act's definition of disabled.

### 5. **Veteran and Active Military:**

A Veteran is defined as:

- 1) A person who was honorably, generally, or medically discharged from service in the U.S. military. (Note: Bad conduct discharges do not qualify for this preference); or
- 2) A person who was married to a veteran at the time of the veteran's death (Widow or widower of a veteran).

Active Military is defined as:

- 1) A person who is currently on active duty in the U.S. military;
- 2) The spouse of a person who is on active duty in the U. S. military; or
- 3) Someone who was married to a person in the U.S. military at the time of that person's death (Widow or Widower of a serviceman).

### 6. **Displaced by Local Government Action:**

Displaced by Local Government Action is defined as:

- 1) Within the last six (6) months, you have been given notice to vacate your current unit due to an action taken by an agency of the City of Dixon, City of Rio Vista or Solano County. (Note: You do not meet this preference if the action taken is due to your non-compliance with federal, state or local codes, laws and/or regulations.)